






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|--|---|--|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/550,297   | <b>FILING OR 371(c) DATE</b><br>09/21/2005<br><b>RULE</b>   | <b>CLASS</b><br>623                    | <b>GROUP ART UNIT</b><br>3738   | <b>ATTORNEY DOCKET NO.</b><br>5001-1101-1 |                                |
| <b>APPLICANTS</b><br>Raymond Andrieu, Yens, SWITZERLAND;<br>Afksendiyos Kalangos, Geneva, SWITZERLAND;   |   |  |   |   |                                |
| <b>** CONTINUING DATA *****</b> <br>This application is a 371 of PCT/IB04/00707 03/08/2004  |   |  |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b> <br>SWITZERLAND 48003 03/21/2003<br>UNITED STATES OF AMERICA 60457291 03/26/2003   |   |  |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/09/2006</b>   |   |  |   |   |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>SWITZERLAND | <b>SHEETS DRAWING</b><br>1  | <b>TOTAL CLAIMS</b><br>20                 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>466  |   |  |   |   |                                |
| <b>TITLE</b><br>Intraparietal aortic valve reinforcement device and reinforced aortic valve  |   |  |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>900  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |